Factors linked to CVD risk being managed with LIFESTYLE (LS) CHANGE	MAIN THEMES	Factors linked to CVD risk being managed with MEDICATION (MED)

PERCEIVED RISK by GP & patient

LOWER RISK

PATIENT:
- Has single or short term risk factor/s
- Believes risk is low, even if GP disagrees

GP:
- Considers risk to be below med threshold
- Does not assess AR, but assumed low
- Assesses AR as low, even if risk factor high

HIGHER RISK

PATIENT:
- Has multiple or prolonged risk factor/s
- Believes risk is high, GP agrees

GP:
- Considers risk to be above med threshold
- Does not assess AR, but assumed high
- Assesses AR as high

MOTIVATION to change lifestyle

HIGHER MOTIVATION

PATIENT:
- Belief in benefits of LS change
- Experiences efficacy of LS change
- Experience of own/family CVD event

GP:
- Supports trial period off medication
- Offers tailored LS advice/external support

LOWER MOTIVATION

PATIENT:
- Unwilling to change LS/prefers med
- Tried LS change but ineffective
- Attributes risk to genetics only

GP:
- Views LS as difficult/med easier
- Does not offer support/referral

ATTITUDE to preventive med

RESISTANT TO MED

PATIENT:
- Concerned re. side effects/harms/cost
- Prefers natural/alternative approach

GP:
- Focused on prevention/LS change
- Concerned re. over-servicing/medicating healthy patients; subsidising unhealthy LS
- Confusion re. conflicting guidelines

PRO/NEUTRAL TO MED

PATIENT:
- Views med as positive/normal
- Researches/experiences efficacy of med
- Experience of own/family CVD event

GP:
- Normalises/convinces patient to take med
- Defers to cardiologist
- Guidelines clearly support subsidised med